

Attorney's Docket No.: 06618-414001/CIT2945

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Steven Schkolne, et al. Art Unit: 2671
Serial No.: 09/496,137 Examiner: Phu K. Nguyen
Filed : February 1, 2000
Title : THREE DIMENSIONAL SURFACE DRAWING CONTROLLED BY HAND MOTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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MAR 2 4 2004

AMENDMENT

In response to the Office action mailed December 24, 2003,
please amend the application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.

03/18/2005 DEVAHS 00000001 061050 09496137

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CERTIFICATE OF TRANSMISSION BY FACSIMILE

I hereby certify that this correspondence is being transmitted by
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below.

March 24, 2004
Date of Transmission

Signature

Lucille M. Begalla
Typed or Printed Name of Person Signing Certificate

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 29, 1999

Application or Docket Number

094437

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	3	minus 20 = 11
INDEPENDENT CLAIMS	6	minus 3 = 3
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

3/24/04

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	31	Minus 31	= -
Independent	12	Minus 6	= 6
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

10/21/04

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	31	Minus 31	=
Independent	12	Minus 12	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
	270			690.00
X\$ 9=	99.00	OR	X\$18=	198
X\$ 42=	126	OR	X\$ 82=	228
+130=		OR	+260=	
TOTAL	595	OR	TOTAL	1128

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X\$ 43=	258	OR	X\$ 86=	
+130=		OR	+260=	
TOTAL ADDIT. FEE	258	OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	